

INFORMATION TECHNOLOGY BROADBANDING PILOT PROJECT

Salary Matrix Form

Complete yellow highlighted areas that are applicable. For estimating purposes only; *Not* final and binding.

| | | | |
|---------------------------------|--|---------------------------------------|--|
| Employee Name: _____ | | Band (A, B, C, or D): _____ | |
| Dept/Div/Br: _____ | | Salary Range (SR or EM): _____ | |
| Title and Jobcode: _____ | | Effective date: _____ | |
| Position Number: _____ | | | |

☐ New Hire
 ☐ Rehire
 ☐ Promotion
 ☐ Transfer

For Promotions & Transfers ONLY: Current Band/SR: _____ Current Step: _____ Current Monthly: _____

SALARY MATRIX - To compute points electronically, complete pages 2 & 3.

| | | | | |
|-------------------------------|---|--------------------|---|----------|
| | <u>Points</u> | | Band: | <u>0</u> |
| I. Education | 0 | | SR or EM: | <u>0</u> |
| II. Experience | 0 | | Step: | _____ |
| III. Work Performed | 0 | | | |
| Total Points I to III: | 0 | (see points chart) | Salary Matrix (based on points): | \$ _____ |

****Request for Exception Beyond Salary Matrix (Must fill out page 4)****

| | | | | | |
|-----------------------------------|---------------------|-------|--|---------------------------|------|
| IV Exception Beyond Salary Matrix | # of addtl Step(s): | 0 | | Monthly Exception: | \$ - |
| | Final Step: | _____ | Total Salary (Salary Matrix + Exception): | \$ | - |

Final Salary Recommendation:

(Must correspond to a step (for Bands A, B, C) and shall not exceed the maximum of the Band.)

\$ *

*Does the final salary recommendation exceed the salary of existing employee(s) in comparable position(s) in the relevant work unit(s) with similar or greater education, experience, knowledge, skills, abilities, and competencies?

☐ Yes ☐ No

*Is the final salary recommendation less than the salary that has been determined by the salary matrix?

☐ Yes ☐ No

If you checked "yes" to one or both questions, please describe the reason(s) below, as applicable.

Certification: I certify that the recommended salary is based on relevant information provided by the applicant/employee and that the program can accommodate the additional funding associated with this request within its existing budget. Further, that the additional funding required can be covered in future budgets without an increase in the level of funding.

| | | |
|--------------------------------|-----------|------|
| | | |
| Name of Supervisor/Manager | Signature | Date |
| | | |
| Name of Division Administrator | Signature | Date |

The above recommendation has been reviewed by the departmental personnel office:

☐ Recommend Approval
 ☐ Recommend Approval with Changes Step: _____ Monthly Rate: _____

☐ Approval Not Recommended

Comments:

| | | |
|-------------|-----------|------|
| | | |
| Name of DPO | Signature | Date |

☐ Approved
 ☐ Approved with Changes Step: _____ Monthly Rate: _____

☐ Not Approved

Comments:

| | | |
|------------------|-----------|------|
| | | |
| Name of Director | Signature | Date |

DPO shall forward copies of all approved and disapproved requests to DHRD, and to the exclusive collective bargaining representative (if the employee is included); within ten (10) calendar days of the Appointing Authority's decision.